FILED

10/10/2007

3.

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

MAY 2 8 2008

IN FORMA PAUPERIS APPLICAÇÃO W. DOBBINS

AND

CLERK, U.S. DISTRICT COURT.

FINANCIAL AFEIDAVIT.

Plaintiff TOX			_	FINANCIAL AFFIDAVIT			
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(<		9,20,00 1 0,000	N. G. D	CASE NUMBER_	08 C 5	50093	
	D	Defendant(s)	ling Center	JUDGE KA	pda		
Who	erever 🛭	is included, please place an	X into whichever have	annlies Wherever th	a granon to a	 	
	vide the o	additional information. Plea	se PRINT:	more pages that refer t	to each such qu	estion number and	
ı, _ (oth	er_	in the above	declare, declare	that I am the op s affidavit constitute		. —	
		I am unable to pay the co	iii support of my mo	tion for appointmen	it of counsel,	or □ both. I also	
		nt/petition/motion/appeal. uestions <u>under penalty of t</u>	III SHIDDOPT OF TOTAL	petition/application	entitled to the a/motion/appe	e relief sought in eal, I answer the	
1.	I.D.		Name of prison	or init	'No," go to Q		
	Doy	ou receive any payment f	rom the institution?	□Yes □No Mo	onthly amour	nt:	
2.	Are :	you currently employed? thly salary or wages:	≱ Yes	□No			
	Nam	e and address of employer	ROCKIN	er Icade	my		
	a.	If the answer is "No":					
		Date of last employmer Monthly salary or wage	nt:				
		Name and address of la	es:st employer:				
	b.	Are you married?	□Yes	No			
		Spouse's monthly salar Name and address of em	y or wages: ployer:				
•	Apart	from your income stated a	bove in response to	Ouestion 2, in the na	ast twelve mo	nthe house	
		one else living at the sans? Mark an X in either "Y	IC ICSIUCIUCE FECEIVA	ad more than CODA	£		
	a. Amour	Salary or wages	Received by		□Yes	□No	

	b. ☐ Business, ☐ profession or ☐ other self-employment Amount Received by	□Yes	□No			
	c.	□Yes	□No			
	d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers compensation, ☐ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child suppor ☐ Yes ☐ No					
	AmountReceived by					
	e. ☐ Gifts or ☐ inheritances Amount Received by	□Yes	XIN0			
	f.	□Yes	Σίνο			
4.	Do you or anyone else living at the same residence have more than \$200 in cash or checking or savings accounts? Yes □No Total amount: In whose name held: True 501 Relationship to you:					
5.	Do you or anyone else living at the same residence own any stock financial instruments? Property: In whose name held: Relationship to you:	□Yes	∑ς]ν₀			
6.	Do you or anyone else living at the same residence own any real condominiums, cooperatives, two-flats, three-flats, etc.)? Address of property: Type of property: In whose name held: Amount of monthly mortgage or loan payments: Name of person making payments:	□Yes	<u></u> ⊅ X (N∘			
7.	Do you or anyone else living at the same residence own any automol homes or other items of personal property with a current market value Property: Care Current value: Lankarana In whose name held: Transa yar Relationship to you:	of more than ∕⊠Yes				
8.	List the persons who are dependent on you for support, state your relatindicate how much you contribute monthly to their support. If none, che Devantal Tok Pertected	tionship to eac neck here □No	h person and o dependents			

I declare under penalty of perjury that the above to 28 U.S.C. § 1915(e)(2)(A), the court shall deallegation of poverty is untrue. Date: 50808		court determines that my					
NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own accountprepared by each institution where you have been in custody during that six-month periodand you must also have the Certificate below completed by an authorized officer at each institution.							
CERTIFICATE (Incarcerated applicants only) (To be completed by the institution of incarceration)							
I certify that the applicant named herein,	, I.D.#	, has the sum of					
\$ on account to his/her credit at	t (name of institution)	•					
I further certify that the applicant has the following securities to his/her credit: I further							
certify that during the past six months the appli	cant's average monthly deposit wa	as \$					
(Add all deposits from all sources and then divid	de by number of months).						
DATE	SIGNATURE OF AUTHORIZ	ED OFFICER					

rev. 10/10/2007

(Print name)